

Advancement to Candidacy Form for Masters' or Specialists' Degree Programs College of Graduate Studies • Office of the Dean • Middle Tennessee State University

Official Use Only
Input on SIS _____

1. A copy of your candidacy form should be submitted to the College of Graduate Studies according to your program's curricular requirements.
2. Please list course number & department, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies, Room 114, Cope Building.

Name: _____ Student Identification # _____ Date: _____

Address: _____ Telephone # _____

Degree: MA Major: Psychology Concentration: Experimental

If applicable: Minor: _____

Course ID # (including Prefix)	Course Title	Sem. Hours	Grade	IF APPLICABLE: <i>Transfer Credit Taken Prior to Attending MTSU Transfer Institution</i>	Substitute for MTSU Course#	Dept. Approval for Transfer Credit
	Prerequisites:					
	Introductory Psychology (PSY 1410 or equivalent)					
	Research Methods (PSY 3070 or equivalent)					
	Introductory Statistics (PSY 3020 or equivalent)					
	Degree Program					
PSY 6280	Psychological Statistics: Regression	3				
PSY 6290	Psychological Statistics: ANOVA	3				
PSY 5240	Behavioral Neuroscience (or Psy 5780 for those students that have taken Psy 4240)	3				
PSY 6810	Literature Review in Social or PSY 6020 Personality	3				
PSY 6120	Developmental Psychology, or PSY 6130, or PSY 6410	3				
PSY 6190	Advanced Cognitive Psychology	3				
PSY 6600	Independent Research (3 hours total)	3				
PSY 6615	Basic and Applied Research Methods in Psychology	3				
PSY 6670	Literature Review (3 hours total) See Catalog/Advisor	3				
PSY 6640	Thesis (3 hours total)	3				
	Electives (2 required)					
		3				
		3				
	Total Hours	36				

Signature of Candidate Date: _____

I certify the above degree plan _____ Date: _____
Signature of Graduate Advisor

Signature of Minor Advisor (If Applicable) Date: _____

Signature of Experimental Coordinator Date: _____

Signature of Dean, College of Graduate Studies or Graduate Analyst Date: _____